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~	nder the Paperv	TEATT A DIDL	of 1995,	no persons are rec	quired to respond	d to	a collection of i	nformation unti	es it displ	a velid OMB	control number
lacksquare	PA	TENT APPL	Subst	itule for Form P	RECORD		170	Cou on Docyci y	19		
CLAIMS AS FILED - PART I (Column 2) 0180							THIC	ENTITY	OR		R THAN ENTITY
<u></u>	FOR	NUM	NUMBER FILED NUMBER			1	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.18(a)) TOTAL CLAIMS					1		s	OR			
(37	CFR 1.16(c))	34	minus :	20 = -	4	ı	x.9.	126	OR .	X & U	
	EPENDENT CLA CFR 1.16(b))	IMS 7	minus	3 = .	4	1	x.43.	172	OR	×:	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+5 =	14.75	OR		
" If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	-
CLAIMS AS AMENDED - PART II							12			TOTAL	
(Cotumn 1) (Cotumn 2) (Cotumn 3)							Skapa	ENTITY	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING .AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total G7 CFR 1,18(49	134	Minus	134	•//		X 9 =	. 7	OR	X\$ =	FEE
	Independent (37 CFR 1,150))	7	Minus	7			X \$.				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d))								.OR		
11-100						,	TOTAL ADDL FEE		OR .	TOTAL ADD'L FEE	
6	17/0	(Column 1)		(Calumn 2)	(Column 3)			7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL NFEE		RATE	ADDI- TIONAL
	Total (37 CFR 1.18(d)	22	Minus	-34	- 1		x s =	 		XS D	FEE
	Independent (X7 CFR 1,150-II)	. 6	Minus	- 7	-5	ı	X \$. ' =	-X	OR		<u></u>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					Ì	+1	$\overline{}$	OR OR	x s=	
						·	TOTAL ADD'L FEE		OR I	TOTAL ADD'L FEE	• •
_		(Column 1)		(Column 2)	(Column 3)					•	
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total profesiuses	•	Minus		•	ı	X 8_ ==		OR	X 8	FEE
	tridependent (27 CFR 1.160))		Minus	•••	9	ı	X 5		1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					ľ	+4		OR	X 8	
TO									OR L	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Peat For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: